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COP29: financing must help communities burdened by climate related harm

Ambitious financing is needed to build resilience in communities bearing the most severe health consequences of the climate crisis, write Giulia Gasparri and colleagues

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The world is now on track for a 2.6–3.1°C warming by the end of this century, and the window is closing to reach the Paris Agreement’s target of holding global warming at 1.5°C.¹ Progress is also stalling on the reduction of preventable maternal, infant, and child mortality.² With the 29th UN climate summit (COP29) drawing the world’s attention to the climate crisis, we must remind those in decision making positions that the life and health of millions of women, babies, children, adolescents, and future generations is at stake—especially in low and middle income countries most affected by climate change. Adequate financing is needed to build the climate resilience of frontline communities bearing the most severe health consequences of the climate crisis. Scaling up financing within the new collective quantified goal to ensure sufficient financial flows from higher to lower income countries and exploring co-financing mechanisms can help to achieve this.

Financing has been a critical issue on the agenda of COP29. Amid the discussions, it is imperative that we recognise the co-benefits for climate and health, including for women, children, and adolescents. People living in the most climate vulnerable communities in low income countries are already bearing the most severe consequences, despite having contributed the least to climate change.^{3–4} Pregnant and breastfeeding women and newborns are faced with increased pregnancy complications, preterm birth, and low birth weight as a result of climate related extreme weather events and other stressors, with consequences across the life course.⁵ Extreme weather events also disrupt access to sexual and reproductive health services and commodities such as medicines, contraception, and other health products, and increase gender based violence.⁶

As negotiations reach the final stages on agreeing the new collective quantified goal on climate finance at COP29, there is an opportunity to ensure that financing prioritises the health of women, children, and adolescents living in the most affected low and middle income countries. Analysis of climate and health financing shows that only a small percentage of climate official development assistance projects have gender as a principal objective.⁷ In terms of health, climate adaptation rarely features as the key priority.⁸ Similarly, only 2.4% of financing from multilateral climate funds supports projects incorporating child responsive activities.⁹ The lack of financing focused on the unique harms of climate change on women and children through gender and age sensitive approaches threatens decades of

progress in women’s, children’s, and adolescents’ health, especially in the most affected countries.

At COP29, countries need to agree under the new collective quantified goal to a \$1tn (£0.8tn; €0.9tn) target annually of grant funding directed from high income countries to low and middle income countries.¹⁰ This must be new and additional funding. Recipient countries should then conduct investment cases for climate related priorities around the unique needs of women, children, and adolescents through gender and age sensitive assessments. Health is considered a key “non-economic loss and damage,” so it is critical for the new collective quantified goal to include subgoals also for loss and damage. These subgoals would enable responses to the harms of climate hazards on the most vulnerable women, children, and adolescents living in the most affected low and middle income countries. These countries are the main target of the loss and damage funding.

Co-financing—the use of funding from one sector to support the goals of another—must be leveraged to reap the co-benefits of tackling climate change and promoting women’s, children’s, and adolescents’ health.¹¹ Adaptive social protection schemes must be put in place to deliver service needs for women, children, and adolescents during climate hazards, by revisiting social protection benefit packages to include climate related health services for women, children, and adolescents.¹¹ For example, during drought in Kenya, cash transfers were distributed to families to compensate for drought driven income loss and to ensure children attended health check-ups and school, instead of being sent to work to provide for the family.¹² In addition, revenues collected from carbon pricing, such as carbon credits and taxes on industry and climate adaptation funding, should also be targeted to health co-benefit projects, especially for women, children, and adolescents.¹² For example, Switzerland used the revenue from carbon levy to help reduce healthcare insurance premiums for its citizens.¹³ Similarly, removing government fossil fuel subsidies—which globally accounted for \$7tn in 2022—would reduce incentives for fossil fuel consumption.¹⁴ This in turn would improve air pollution which causes respiratory illnesses, especially for children, and free-up government capital to invest in building the climate resilience of women, children, and adolescents.

As COP29 negotiations head into the final stretch, we call on countries to commit to ambitious and just financing within the new collective quantified goal and to place the needs of women, children,

adolescents, and future generations at the centre of financing responses. For these efforts to be scaled up, it is imperative that we move beyond siloed financing and explore co-financing options. Only through collective and intersectoral action can we hope to create a sustainable and equitable future for all.

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